



Office of the State Treasurer

200 Piedmont Avenue, Suite 1204, West Tower

Atlanta, Georgia 30334-5527

ost.georgia.gov

Steve McCoy
State Treasurer

(404) 657-4203
FAX (404) 656-9048

EXHIBIT F – ASSIGNMENT AGREEMENT State of Georgia Secure Deposit Program

Agreement for Settlement of Claim

The public depositor, by submission of a claim, agrees to the following terms:

(1) Proof of authorization to execute the Public Deposit Claim Form and Agreement on behalf of the public depositor shall accompany the claim.

(2) An assertion that the claim is for public deposits, as set forth in O.C.G.A. § 45-8-1 *et seq.*, and is not exempt under the laws of Georgia or the policies of the State Depository Board, shall be made by the public depositor.

(3) The public depositor must submit documentation supporting the outstanding amounts set forth in the claim (i.e. bank statements, account agreements, FDIC claim form, etc.)

(4) Responsibility for research or defense required to support the assertion that the claim covers public deposits and is not exempt as well as the amount of the claim shall be accepted by the public depositor.

(5) Evidence of deposit insurance afforded this public deposit and offsets allowed shall accompany the claim. The net claim shall be an uncompensated loss which is not subject to any claim or indemnification other than that provided by O.C.G.A. § 45-8-13.1(e).

(6) Provide any additional documentation or information required by the Treasurer of the State of Georgia to process this claim.

(7) Assignment to the Treasurer of the State of Georgia of any interest in funds that become available to the defaulted covered depository, with respect to the amount of the claim, shall be made by the public depositor.

(8) Indemnification of the State of Georgia, including the Treasurer of the State of Georgia, for any claims of other parties, including costs of litigation and attorneys' fees, with respect to the claim, shall be made by the public depositor.

(9) Return any funds to the Treasurer of the State of Georgia if it is determined by the Treasurer of the State of Georgia that the public depositor's paid claim was overstated.

“Under the penalties of perjury, I declare that I have read the foregoing Public Deposit Claim Form and Agreement, that the facts stated in it are true, and that I am authorized to bind the public depositor to the terms of the Public Deposit Claim Form and Agreement.”

STATE OF GEORGIA
COUNTY OF _____

By: _____
Authorized Signature for Public Depositor

Sworn to and subscribed before me this _____

Name: _____
Printed or Typed

day of _____

Title: _____

by _____
Name of Person Making Statement

Date: _____

Signature of Notary Public – State of Georgia

Phone: _____

Commissioned Name of Notary Public

Fax: _____

Personally Known _____ OR Produced Identification _____

Email: _____

Type of Identification Produced